

## **The complaint**

Mr B complains that Advantage Insurance Company Limited (Advantage) unfairly cancelled his telematics motor insurance policy.

## **What happened**

The circumstances of this case are well known to both parties, but in summary Mr B had a telematics motor insurance policy underwritten by Advantage. In May 2025, Advantage contacted Mr B to explain that as his driving score had fallen below its threshold, it was giving notice that it would be cancelling the policy. Unhappy with this, Mr B complained.

Advantage upheld the complaint in part. While it was satisfied it handled the cancellation of the policy in line with the terms and conditions of the policy, it recognised some service failings and awarded Mr B £150 compensation in recognition of this.

Unhappy with Advantage's response, Mr B referred his complaint to this Service. Our Investigator didn't uphold the complaint as they were persuaded that Advantage had acted fairly and agreed the £150 compensation it offered was reasonable for the service Mr B experienced.

Mr B disagreed and asked an Ombudsman to make a final decision. In summary he said that Advantage didn't provide all the information needed in order to understand how the policy worked, it didn't communicate with him in a reasonable way, he wasn't warned about the declining telematics score, and Advantage relied on incorrect data at a time Mr B wasn't able to drive due to an injury.

So, the case has been passed to me to decide.

## **What I've decided – and why**

I've considered all the available evidence and arguments to decide what's fair and reasonable in the circumstances of this complaint.

While I recognise Mr B will be disappointed with my decision, I do not uphold this complaint. I'll explain why.

I recognise I have summarised the circumstances of this case in less detail than presented. But I would like to assure both parties that I have carefully considered all submissions made when determining this complaint. I may not comment on each point raised or each piece of evidence provided. Instead, my decision will comment on the issues I consider to be key. This isn't intended as a discourtesy but reflects the informal nature of this Service – and the rules this Service are expected to adhere to enable me to do this.

The starting point with any insurance policy is the terms and conditions as this sets out the basis of cover between an insurer and its policyholder. Having carefully reviewed Mr B's policy terms, I can see that if Mr B's driving score drops below 30, Advantage has the right to either cancel the policy or ask Mr B to pay an additional premium.

Mr B has said that he didn't receive all the relevant policy documentation following the policy sale and due to this he didn't have enough information to understand the policy. As I'm sure Mr B can appreciate, I have no way of knowing what was physically received, and I can't hold Advantage responsible for any failings in the postal system as this is something outside of its control. But when considering if Advantage has acted fairly and reasonably, I need to consider whether it has done what is expected of it following the policy inception based on the available evidence provided to me.

Advantage has provided this Service with a copy of its correspondence sent to Mr B in September 2024. This included the policy terms and conditions as well as other relevant product information. This also explained that Mr B could access all his documents any time through Advantage's online application – and this was consistent with Mr B's communication preferences. So, on balance, I'm satisfied Advantage did what was expected of it when providing the policy documentation.

But, even if Mr B didn't receive the physical documentation, it's not unreasonable to assume that a new customer, when entering into an insurance contract, would expect to receive policy documentation in some form – and if this doesn't happen, contact their insurer to request this. I haven't seen anything to suggest this was the case.

Mr B said Advantage didn't warn him that his score had fallen. But the policy terms clearly explain that Advantage provide its policyholders with access to the scores through its mobile application – and given Mr B's obligation to keep his score above 30, it was his responsibility to monitor the score through the application.

Advantage wrote to Mr B on 19 May 2025 to explain that it would be cancelling the policy in June 2025 and gave 21 days' notice of this – which is in line with requirements under the policy. Mr B has said that he had been unable to drive due to an injury and provided medical evidence to support this and so wasn't responsible for the decline in the score. I was sorry to hear about Mr B's injury. I've carefully considered this evidence, and while it does account for some of the scores, the medical evidence is from 15 May, and Advantage has evidenced that there were drops to his score from April. So, even if Advantage were to disregard the scores from the date of the medical evidence, I still don't find it unreasonable for Advantage to cancel the policy based on the remaining scores and the terms and conditions of the policy.

I recognise that Mr B was provided with inconsistent advice when speaking with Advantage and this caused confusion and inconvenience. Advantage has acknowledged its failings here and awarded Mr B £150 in recognition of this. I'm satisfied this is fair and proportionate taking into account the service failings. Mr B has said that he suffered a consequential loss of having to pay increased premiums due to Advantage's handling of the cancellation – but I don't agree this is the case. Mr B knew that Advantage intended to cancel his policy and so he was always in a position where he would need to secure cover elsewhere. And Advantage has no control over other insurers' approach to policy pricing.

So, for the reasons I have explained above, I'm satisfied Advantage has handled Mr B's cancellation fairly, and in line with the terms of the policy. So, I won't be directing it to do anything more.

### **My final decision**

My final decision is that I do not uphold this complaint.

Under the rules of the Financial Ombudsman Service, I'm required to ask Mr B to accept or reject my decision before 12 February 2026.

Oliver Collins  
**Ombudsman**